Supplementary Online Content

Hendriks S, Peetoom K, Bakker C, et al; the Young-Onset Dementia Epidemiology Study Group. Global prevalence of young-onset dementia: a systematic review and meta-analysis. *JAMA Neurol*. Published online July 19, 2021. doi:10.1001/jamaneurol.2021.2161

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This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods 1. Search Strategy for PubMed

Search terms were divided into four blocks. Block 1 included terms for the disease of interest (dementia, Alzheimer's disease, frontotemporal dementia, Lewy body dementia, vascular dementia or cognitive decline). Block 2 included terms for the measures of interest (prevalence or incidence). Block 3 included terms related to the age specific target population of this review (young onset, early onset, presentle, under 65, age of onset, age distribution, adult, middle age or age factors). Block 4 included limitations (no clinical studies, editorials, reviews or meta-analyses).

Search strategy for PubMed

Block 1

Block 2

AND (((("Prevalence"[Mesh]) OR "Incidence"[Mesh])) OR ((prevalence[Title/Abstract]) OR incidence[Title/Abstract])))

Block 3

 $AND \ ((((((("Age\ Distribution"[Mesh]\ OR\ "Age\ of\ Onset"[Mesh])\ OR\ "Adult"[Mesh])\ OR\ "Aged"[Mesh])\ OR\ "Middle\ Aged"[Mesh]))\ OR\ ((((young*\ onset[Title/Abstract])\ OR\ earl*\ onset[Title/Abstract])\ OR\ presenile[Title/Abstract])\ OR\ under\ 65[Title/Abstract])))$

Block 4

NOT ((((("Clinical Trials as Topic"[Mesh]) OR "Clinical Trial" [Publication Type]) OR "Editorial" [Publication Type]) OR "Meta-Analysis" [Publication Type]) OR "Review" [Publication Type])) AND ("1990/01/01"[PDat] : "2018/12/31"[PDat]) AND Humans[Mesh])

eMethods 2. Data Extraction Sheet

Data collection form prevalence and incidence of young-onset dementia

(author nuh	lication year)								
Study ID	neation year)								
(EndNote nu	mber)								
1	, I								
Study Chara	cteristics								
-									
Study	Prospective								
design	Retrospective								
	Cross-sectional								
Time									
(when did									
the study									
take place) Location									
(and									
region)									
Population	General population								
description	GP patients								
'	Other, namely								
Diagnosed	Self-report								
by	Research diagnosis, comprehensive (neuropsychological test battery,								
(self-	consensus diagnosis)								
diagnosis,	GP								
GP,	Research diagnosis, brief (eg MMSE cut off)								
specialist)	Proxy-report (eg IQ-CODE)								
	Specialist (psychiatrist, neurologist, geriatrician)								
	Other, namely								
Data	clinical interview								
collection	survey								
(e.g. door-	register/routine data								
to-door	Other, namely								
survey,									
register)									
Inclusion									
criteria									

Exclusion criteria			
Outcome			
Prevalence /	incidence		
Subgroup (male/femal age-bands)	e, ethnic groups,		
Dementia subtype (e.g. Alzheimer's disease, vascular dementia etc)		All dementia Alzheimer's disease Vascular dementia namely	Frontotemporal Lewy Body Other,
Type of prev	alence / incidence		
Diagnostic co (e.g. DSM cri ADRDA, ICD-	iteria, NINCDS-		
Time period (how long was the follow up, only for incidence)			
Person years (only for inci			
Sample size (male/femal	-		
Cases (cases for pr cases for inc	evalence or new idence)		
Rate		Crude rate: 95% uncertainty interval: fro	omto

eMethods 3. Quality Assessment Tool

Appendix 1: Risk Name of author(s) publication:	c of Bias Tool	Year of
Name of paper/stu	ıdy:-	
for each item whe		ation-based prevalence studies. Please read the additional notes re is insufficient information in the article to permit a judgement for that particular item.
Risk of bias item	Criteria for answers (please circle one option)	Additional notes and examples
External Validity		
1. Was the study's target population a close representation of the national population in relation to relevant variables, e.g. age, sex, occupation?	Yes (LOW RISK): The study's target population was a <u>close</u> representation of the national population. No (HIGH RISK): The study's target population was clearly <u>NOT</u> representative of the national population.	The target population refers to the group of people or entities to which the results of the study will be generalised. Examples: • The study was a national health survey of people 15 years and over and the sample was drawn from a list that included all individuals in the population aged 15 years and over. The answer is: Yes (LOW RISK). • The study was conducted in one province only, and it is not clear if this was representative of the national population. The answer is: No (HIGH RISK). • The study was undertaken in one village only and it is clear this was not representative of the national population. The answer is: No (HIGH RISK).
2. Was the sampling frame a <u>true or close</u> <u>representation</u> of the target population?	Yes (LOW RISK): The sampling frame was a true or close representation of the target population. No (HIGH RISK): The sampling frame was NOT a true or close representation of the target population.	The sampling frame is a list of the sampling units in the target population and the study sample is drawn from this list. Examples: • The sampling frame was a list of almost every individual within the target population. The answer is: Yes (LOW RISK). • The cluster sampling method was used and the sample of clusters/villages was drawn from a list of all villages in the target population. The answer is: Yes (LOW RISK). • The sampling frame was a list of just one particular ethnic group within the overall target population, which comprised many groups The answer is: No (HIGH RISK).
3. Was some form of random selection used to select the sample, OR, was a census undertaken?	Yes (LOW RISK): A census was undertaken, OR, some form of random selection was used to select the sample (e.g. simple random sampling, stratified random sampling, cluster sampling, systematic sampling). No (HIGH RISK): A census was NOT undertaken, AND some form of random selection was NOT used to select the sample.	A census collects information from every unit in the sampling frame. In a survey, only part of the sampling frame is sampled. In these instances, random selection of the sample helps minimise study bias. Examples: • The sample was selected using simple random sampling. The answer is: Yes (LOW RISK). • The target population was the village and every person in the village was sampled. The answer is: Yes (LOW RISK). • The nearest villages to the capital city were selected in order to save on the cost of fuel. The answer is: No (HIGH RISK).
4. Was the likelihood of non-response bias minimal?	Yes (LOW RISK): The response rate for the study was >=75%, OR, an analysis was performed that showed no significant difference in relevant demographic characteristics between responders and nonresponders No (HIGH RISK): The response rate was <75%, and if any analysis comparing responders and non-responders was done, it showed a significant difference in relevant demographic characteristics between responders and non-responders.	Examples: The response rate was 68%; however, the researchers did an analysis and found no significant difference between responders and non-responders in terms of age, sex, occupation and socioeconomic status. The answer is: Yes (LOW RISK). The response rate was 65% and the researchers did NOT carry out an analysis to compare relevant demographic characteristics between responders and non-responders. The answer is: No (HIGH RISK). The response rate was 69% and the researchers did an analysis and found a significant difference in age, sex and socio-economic status between responders and non-responders. The answer is: No (HIGH RISK).

Yes (LOW RISK): All data were collected directly from the subjects. No (HIGH RISK): In some instances, data were collected from a proxy.	A proxy is a representative of the subject. Examples: All eligible subjects in the household were interviewed separately. The answer is: Yes (LOW RISK). A representative of the household was interviewed and questioned about the presence of low back pain in each household member. The answer is: No (HIGH RISK).
Yes (LOW RISK): An acceptable case definition was used. No (HIGH RISK): An acceptable case definition was NOT used.	For a study on low back pain, the following case definition was used: "Low back pain is defined as activity-limiting pain lasting more than one day in the area on the posterior aspect of the body from the bottom of the 12th rib to the lower gluteal folds." The answer is: Yes (LOW RISK). For a study on back pain, there was no description of the specific anatomical location 'back' referred to. The answer is: No (HIGH RISK). For a study on osteoarthritis, the following case definition was used: "Symptomatic osteoarthritis of the hip or knee, radiologically confirmed as Kellgren-Lawrence grade 2-4". The answer is: LOW RISK.
Yes (LOW RISK): The study instrument had been shown to have reliability and validity (if this was necessary), e.g. test-retest, piloting, validation in a previous study, etc. No (HIGH RISK): The study instrument had NOT been shown to have reliability or validity (if this was necessary).	The authors used the COPCORD questionnaire, which had previously been validated. They also tested the inter-rater reliabilit of the questionnaire. The answer is: Yes (LOW RISK). The authors developed their own questionnaire and did not test this for validity or reliability. The answer is: No (HIGH RISK).
Yes (LOW RISK): The same mode of data collection was used for all subjects. No (HIGH RISK): The same mode of data collection was NOT used for all subjects.	The mode of data collection is the method used for collecting information from the subjects. The most common modes are face-to-face interviews, telephone interviews and self-administered questionnaires. Examples: • All eligible subjects had a face-to-face interview. The answer is: Yes (LOW RISK). • Some subjects were interviewed over the telephone and some filled in postal questionnaires. The answer is: No (HIGH RISK).
Yes (LOW RISK): The shortest prevalence period for the parameter of interest was appropriate (e.g. point prevalence, one-year prevalence). No (HIGH RISK): The shortest prevalence period for the parameter of interest was not appropriate (e.g. lifetime prevalence)	The prevalence period is the period that the subject is asked about e.g. "Have you experienced low back pain over the previous year?" In this example, the prevalence period is one year. The longer the prevalence period, the greater the likelihood of the subject forgetting if they experienced the symptom of interest (e.g. low back pain). Examples: • Subjects were asked about pain over the past week. The answer is: Yes (LOW RISK). • Subjects were only asked about pain over the past three years. The answer is: No (HIGH RISK).
Yes (LOW RISK): The paper presented appropriate numerator(s) AND denominator(s) for the parameter of interest (e.g. the prevalence of low back pain). No (HIGH RISK): The paper did present numerator(s) AND denominator(s) for the parameter of interest but one or more of these were inappropriate.	There may be errors in the calculation and/or reporting of the numerator and/or denominator. Examples: • There were no errors in the reporting of the numerator(s) AND denominator(s) for the prevalence of low back pain. The answer is Yes (LOW RISK). • In reporting the overall prevalence of low back pain (in both men and women), the authors accidentally used the population of women as the denominator rather than the combined population. The answer is: No (HIGH RISK).
	collected directly from the subjects. No (HIGH RISK): In some instances, data were collected from a proxy. Yes (LOW RISK): An acceptable case definition was used. No (HIGH RISK): An acceptable case definition was NOT used. Yes (LOW RISK): The study instrument had been shown to have reliability and validity (if this was necessary), e.g. test-retest, piloting, validation in a previous study, etc. No (HIGH RISK): The study instrument had NOT been shown to have reliability or validity (if this was necessary). Yes (LOW RISK): The same mode of data collection was used for all subjects. No (HIGH RISK): The same mode of data collection was NOT used for all subjects. Yes (LOW RISK): The shortest prevalence period for the parameter of interest was appropriate (e.g. point prevalence, one-week prevalence, one-year prevalence). No (HIGH RISK): The shortest prevalence period for the parameter of interest was not appropriate (e.g. lifetime prevalence) Yes (LOW RISK): The paper presented appropriate numerator(s) AND denominator(s) for the parameter of interest (e.g. the prevalence of low back pain). No (HIGH RISK): The paper did present numerator(s) AND denominator(s) for the parameter of interest tout one or more of

eTable 1. World Bank Classification

Worldbank income index

LOW-INCOME ECONOMIES (\$1,025 OR LESS) 31

Afghanistan	Guinea-Bissau	Sierra Leone
Benin	Haiti	Somalia
Burkina Faso	Korea, Dem. People's Rep.	South Sudan
Burundi	Liberia	Syrian Arab Republic
Central African Republic	Madagascar	Tajikistan
Chad	Malawi	Tanzania
Congo, Dem. Rep	Mali	Togo
Eritrea	Mozambique	Uganda
Ethiopia	Nepal	Yemen, Rep.
Gambia, The	Niger	
Guinea	Rwanda	

LOWER-MIDDLE INCOME ECONOMIES (\$1,026 TO \$3,995)

Angola	India	Papua New Guinea
Bangladesh	Indonesia	Philippines
Bhutan	Kenya	São Tomé and Principe
Bolivia	Kiribati	Senegal
Cabo Verde	Kyrgyz Republic	Solomon Islands
Cambodia	Lao PDR	Sudan
Cameroon	Lesotho	Timor-Leste
Comoros	Mauritania	Tunisia
Congo, Rep.	Micronesia, Fed. Sts.	Ukraine
Côte d'Ivoire	Moldova	Uzbekistan
Djibouti	Mongolia	Vanuatu
Egypt, Arab Rep.	Morocco	Vietnam
El Salvador	Myanmar	West Bank and Gaza
Eswatini	Nicaragua	Zambia
Ghana	Nigeria	Zimbabwe
Honduras	Pakistan	

UPPER-MIDDLE-INCOME ECONOMIES (\$3,996 TO \$12,375) 60

Albania	Fiji	Namibia
Algeria	Gabon	Nauru
American Samoa	Georgia	North Macedonia
Argentina	Grenada	Paraguay

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Armenia	Guatemala	Peru
Azerbaijan	Guyana	Romania
Belarus	Iran, Islamic Rep.	Russian Federation
Belize	Iraq	Samoa
Bosnia and Herzegovina	Jamaica	Serbia
Botswana	Jordan	Sri Lanka
Brazil	Kazakhstan	South Africa
Bulgaria	Kosovo	St. Lucia
China	Lebanon	St. Vincent and the Grenadines
Colombia	Libya	Suriname
Costa Rica	Malaysia	Thailand
Cuba	Maldives	Tonga
Dominica	Marshall Islands	Turkey
Dominican Republic	Mauritius	Turkmenistan
Equatorial Guinea	Mexico	Tuvalu
Ecuador	Montenegro	Venezuela, RB

HIGH-INCOME ECONOMIES (\$12,376 OR MORE) 80

Andorra	Gibraltar	Palau
Antigua and Barbuda	Greece	Panama
Aruba	Greenland	Poland
Australia	Guam	Portugal
Austria	Hong Kong SAR, China	Puerto Rico
Bahamas, The	Hungary	Qatar
Bahrain	Iceland	San Marino
Barbados	Ireland	Saudi Arabia
Belgium	Isle of Man	Seychelles
Bermuda	Israel	Singapore
British Virgin Islands	Italy	Sint Maarten (Dutch part)
Brunei Darussalam	Japan	Slovak Republic
Canada	Korea, Rep.	Slovenia
Cayman Islands	Kuwait	Spain
Channel Islands	Latvia	St. Kitts and Nevis
Chile	Liechtenstein	St. Martin (French part)
Croatia	Lithuania	Sweden
Curação	Luxembourg	Switzerland
Cyprus	Macao SAR, China	Taiwan, China
Czech Republic	Malta	Trinidad and Tobago
Denmark	Monaco	Turks and Caicos Islands
Estonia	Netherlands	United Arab Emirates

Faroe Islands	New Caledonia	United Kingdom
Finland	New Zealand	United States
France	Northern Mariana Islands	Uruguay
French Polynesia	Norway	Virgin Islands (U.S.)
Germany	Oman	

eTable 2. Detailed Information on Studies Included in the Review

Author, publication year	Country	Researc h year	Sample size	Age rang e	Study design	Method of data collection	Diagnostic criteria	Type of dementia studied	Quality assessme nt score	In meta- analysi s
Adelman, 2011	United Kingdom London	2007- 2008	60	60- 64	Cross- sectional 2- phase survey	Phase 1: screening interview with MMSE Phase 2: diagnostic interview, using the CAMDEX-R	ICD-10 DSM-IV	All types of dementia	10	Yes
Andreasen, 1999	Sweden Piteå River Valley	1990- 1995	18918	40- 64	Retrospectiv e register study	Data from the Piteå River Valley Hospital, where all patients are diagnosed the same way	DSM-III	Alzheimer's disease Vascular dementia Frontotempor al dementia Other	7	Yes
Ahmadi- Abhari, 2017	United Kingdom England	2002- 2013		50- 64	Prospective cohort study	Every wave: 3 sets of cognitive tests, or IQCODE for informant if participant is unable to come, or self-reported doctor diagnosis of dementia.	DSM-IV	All types of dementia	7	No
Arslantas, 2009	Turkey Eskisehir	2002- 2004	1605	55- 64	Cross- sectional 2- phase survey	Phase 1: MMSE and questionnaire about demographic, occupational and social data. Phase 2: neurological evaluation,	NINCDS- ADRDA McKeith NINDS- AIREN Lund & Mancheste r DSM-IV	All types of dementia	9	Yes

						neuropsychologic al assessment, laboratory and neuroradiological tests				
Bachman, 1992	United States of America Framingham	1982- 1983	285	60- 64	Cross- sectional 2- phase study	Phase 1: screening with MMSE Phase 2: additional testing with neurologic examination, mental status examination, neuropsychologic al tests	DSM-III	All types of dementia	8	Yes
Banerjee, 2008	India Kolkata	2002- 2003	3800	51- 64	Cross- sectional 2- phase study	Phase 1: survey with preset questionnaire regarding memory Phase 2: examination by neurologist and psychiatrist, neuropsychologic al tests	DSM-IV	All types of dementia	8	Yes
Banerjee, 2017	India Kolkata	2003- 2008	11,826	50- 64	Cross- sectional 2- phase study	Phase 1: general questionnaire for informant, with 2 questions on cognition Phase 2: interview by neurologist and neuropsychologic al test battery	DSM-IV	All types of dementia	6	Yes

Bartoloni, 2014	Argentina Slums of Buenos Aires	2012- 2013	510	60- 64	Cross- sectional 2- phase study	Phase 1: screening interview, medical history, MMSE, GDS, questionnaire for functional impairment ADL. Phase 2: not clear	DSM-IV	All types of dementia	6	No
Basta, 2018	Greece Crete	2013- 2014	418	60- 64	Cross- sectional 2- phase study	Phase 1: interview including MMSE Phase 2: neuropsychiatric and neuropsychologic assessment	DSM-IV	All types of dementia	8	Yes
Bawih Inu, 2014	Malaysia <i>Mukah</i>	2013	93	60- 64	Cross- sectional 2- phase study	Phase 1: screening with ECAQ questionnaire Phase 2: clinical interview	DSM-IV	All types of dementia	7	No
Beard, 1991	United States of America Rochester	1975 1980		0-64	Retrospectiv e register study	Registry from the Mayo clinic, nursing homes, Veterans Administration, University of Minnesota Hospitals in Minneapolis		All types of dementia	7	Yes
Bernardi, 2012	Italy Biv	2004	137	50- 64	Cross- sectional 2- phase study	Phase 1: interview with cognitive screening battery Phase 2: neurological	Lund & Mancheste r NINCDS- ADRDA McKeith	All types of dementia	9	Yes

						examination, neuropsychologic al examination, clinical history	NINDS- AIREN			
Borroni, 2011	Italy Brescia County	2009	317,107	45- 64	Retrospectiv e register study	Postal enquiry requesting referral of all patients with young onset diagnosis. All referred cases were evaluated	McKhann criteria Neary criteria	Alzheimer's disease Frontotempor al dementia	9	Yes
Bottino, 2008	Brazil São Paulo	2002- 2003	375	60- 64	Cross- sectional 2- phase study	Phase 1: screening with cognitive tests and functional scales Phase 2: diagnostic evaluation with medical history, physical and neurological examination, CT/MRI, neuropsychologic al tests	DSM-IV	All types of dementia	9	Yes
Bowirrat, 2000	Israel El-Fahm, Ara-Ar'ara, Kafar-Qara	1995	186	60- 64	Cross- sectional 1- phase study	Interview and examination by physician, using standard tasks	DSM-IV	Alzheimer's disease	10	Yes
Campion, 1999	France Rouen	1991- 1998	94,593	41- 60	Retrospectiv e register study	Registers from the department of neurology of the University Hospital in Rouen were used	NINCDS- ADRDA	Alzheimer's disease	9	Yes

César, 2016	Brazil Tremembé	2011	152	60- 64	Cross- sectional 1- phase study	Assessment including history taking, physical and neurological examination, cognitive assessment, psychiatric evaluation, functional activity questionnaire	McKahn criteria	All types of dementia	9	Yes
Chandra, 1998	India <i>Ballabgarh</i>		2411	55- 64	Cross- sectional 2- phase study	Phase 1: screening interview including cognitive screening battery Phase 2: clinical and diagnostic evaluation including medical history, physical, neurologic and mental status examination and laboratory tests	DSM-IV	All types of dementia	10	Yes
Coria, 1992	Spain Turégano	1990	293	40- 64	Cross- sectional 2- phase study	Phase 1: screening with Hodkinson test Phase 2: clinical evaluation with CEMED instrument	DSM-III NINCDS- ADRDA	All types of dementia	9	Yes
Corso, 1992	Italy Sicily	1989- 1990	2971	40- 64	Cross- sectional 1- phase study	Information from MMSE, CDR and PM 38 test		All types of dementia	7	Yes

Das, 2006	India Kolkata	2003- 2004	4192	50- 59	Cross- sectional 2- phase study	Phase 1: questionnaire including cognitive testing by neuropsychologist Phase 2: examination by neurologist	DSM-IV	All types of dementia	9	Yes
De Ronchi, 2005	Italy Ravena Province	1991	1486	61- 64	Cross- sectional 2- phase study	Phase 1: interview and screening with MMSE and GDS Phase 2: clinical examination with general and neurological examination	DSM-III	All types of dementia	7	Yes
Ding, 2014	China Shanghai	2010- 2011	666	60- 64	Cross- sectional 1- phase study	Clinical interview including medical history, medication use, neurological examination, CDR and neuropsychologic al test battery	DSM-IV NINCDS- ADRDA NINDS- AIREN	All types of dementia	8	Yes
Dominguez, 2018	Philippines Marikina City	2011- 2012	352	60- 64	Cross- sectional 1- phase study	Evaluation by a multidisciplinary team, including neuropsychologic al tests, physical and neurological examination, CDR	DSM-IV NINCDS- ADRDA	All types of dementia	10	Yes
Egeberg, 2016	Denmark	2018	3,351,912	18- 64	Cross- sectional	Data from the Danish Civil Registration	ICD-10	All types of dementia	9	Yes

					register study	System, including all inhabitants from Denmark				
El Tallawy, 2012	Egypt New Valley Governate	2005- 2008	4236	50- 59	Cross- sectional 3- phase study	Phase 1: screening including MMSE Phase 2: diagnostic phase, including medical history, meticulous examination, family interview, psychometric assessment Phase 3: for patients in hospital, including MRI/CT, ECG, laboratory	DSM-IV	All types of dementia	9	Yes
El Tallawy, 2014	Egypt Al-Quesir city	2009- 2012	2222	50- 59	Cross- sectional 3- phase study	Phase 1: screening including MMSE Phase 2: clinical history, meticulous examination, psychometric assessment Phase 3: for patients in hospital, including MRI/CT, ECG, laboratory	DSM-IV	All types of dementia	9	Yes
Farrag, 1998	Egypt Assiut	1993- 1994	634	60- 64	Cross- sectional 3- phase study	Phase 1: screening with MMSE Phase 2: personal interview, family	DSM-III NINCDS- ADRDA	All types of dementia	9	Yes

France 1009	Ireland		26.492	AF	Detroppetiv	interview, medical history, clinical examination including physical and neurological examination, different tests Phase 3: laboratory tests Data from health	DSM-IV	All types of	10	Yes
Freyne, 1998	Dublin		26,182	45- 64	Retrospectiv e register study	professionals, followed by a semi-structured interview	DSM-IV	All types of dementia	10	res
Gilberti, 2012	Italy Vallecamonic a	2010	31,703	45- 64	Retrospectiv e register study	Data from the outpatient database of the Neurology Unit of the Vallecamonica Hospital	Neary and McKahnn criteria	Frontotempor al dementia	8	Yes
Harvey, 2003	United Kingdom London		240,766	30- 64	Retrospectiv e survey	Phase 1: all healthcare professionals were contacted with personal letters, and hospital registers were searched for cases Phase 2: available healthcare information from cases were reviewed Phase 3: clinical assessment for	DSM-IV NINCDS- ADRDA NINDS- AIREN Lund and Mancheste r criteria	All types of dementia	8	Yes

						half of the patients				
Hatada, 1999	Japan Nagasaki Prefecture	1995	497	60- 64	Cross- sectional 2- phase study	Phase 1: self- monitoring questionnaire Phase 2: interview by psychiatrist with subjects and caregivers	DSM-IV ICD-10 DCR	All types of dementia	10	Yes
Heath, 2015	Scotland	2007	616,245	40- 64	Cross- sectional register study	Presence of a specified Read Code in the GP registry, or a prescription of anticholinesterase inhibitors	DSM-IV	All types of dementia	9	Yes
Huang, 2016	China Qinghai	2014	974	60- 64	Cross- sectional 1- phase study	Interview including neuropsychologic al tests, a detailed cognitive history, standardized general and neurological examinations	NINCDS- ADRDA	Alzheimer's disease	9	Yes
Huriletemuer, 2011	Mongolia	2008- 2009	4156	55- 64	Cross- sectional 3- phase study	Phase 1: screening questionnaire and interview with detailed medical history and MMSE Phase 2: assessment tools Phase 3: revisit after 6 months with same	DSM-IV	Alzheimer's disease	9	Yes

						assessment and CT				
lbach, 2003	Germany	2001	20,231,09	45- 64	Prospective study	Patients were thoroughly investigated by specialists, with medical history and structural neuroimaging	Neary criteria	Frontotempor al dementia	8	Yes
Ikejima, 2009	Japan Ibaraki Prefecture	2006	1,799,340	20- 64	Retrospectiv e survey	Questionnaire to different medical institutions about the number of patients with young onset dementia, with quality control checking half of the patients	DSM-IV Lund & Mancheste r criteria DSM-II-R	All types of dementia	8	Yes
Ji, 2015	China Ji County		1683	60-64	Cross- sectional 2- phase study	Phase 1: screening interview including medical history, MMSE, physical and neurological examinations Phase 2: detailed physical and neurological examination by neurologist	DSM-IV NINCDS- ADRDA NINDS- AIREN	All types of dementia	9	Yes
Jitapunkul, 2001	Thailand	1997		60- 64	Cross- sectional 1- phase study	Interview with CMT test, and questioning about daily life		All types of dementia	7	No

Kodesh, 2018	Israel		47507	60- 64	Retrospectiv e register study	Registry data from a central database including all insured people	ICD-10	All types of dementia	9	Yes
Kosteniuk, 2016	Canada Saskatchewa n	2005- 2006 2012- 2013	258,123 292,192	45- 64	Retrospectiv e register study	Registry data from the hospital discharge abstract database, physician services claims database, prescription drug database, longterm care database	ICD-9 + 10	All types of dementia	9	Yes
Kurl, 2018	Finland		2682	42- 64	Prospective cohort study	Register data from the National Hospital Discharge Register, and the death certificate register	ICD-9 + 10	All types of dementia	8	Yes
Kvello-Alme	Norway Trøndelag		200,024	30- 64	Retrospectiv e register study	Primary sources: hospital databases. Secondary sources: hospital- based and community-based sources	DSM-IV	All types of dementia	8	Yes
Li, 2014	Australia	2008- 2011	52,489	45- 64	Retrospectiv e register study	Registry data from the hospital separations dataset, the primary care information	ICD-10	All types of dementia	8	Yes

						system, the aged care and disability database, and the registry of birth, deaths and marriages				
Liu, 1994	China <i>Kinmen</i>	1992	201	50- 64	Cross- sectional 2- phase study	Phase 1: interview with CASI C-2.0, BDS, IQCODE Phase 2: assessment with interview, neurological examination, CDR	DSM-III	All types of dementia	8	Yes
Liu, 1995	Taiwan		3009	41- 59	Cross- sectional 2- phase study	Phase 1: screening with MMSE Phase 2: assessment by neurologic examination, MMSE, mental status examination	DSM-III	All types of dementia	10	No
Lopes, 2012	Brazil <i>Riberão</i>		265	60- 64	Cross- sectional 2- phase study	Phase 1: interview and screening with MMSE, FOME, IQCODE Phase 2: examination by psychiatrist or geriatrician with the CAMDEX interview	DSM-IV	All types of dementia	9	Yes

Luukkainen, 2015	Finland Ostrobothnia	2006- 2010	341,164	0-64	Retrospectiv e register study	Registry data from the hospital discharge register	ICD-10/ Neary criteria	Frontotempor al dementia	8	Yes
Martens, 2007	Canada Manitoba	1997- 2002		55- 64	Retrospectiv e register study	Registry data from hospital claims, medical claims, (personal) home care, registry files, vital statistics, pharmaceutical claims, record of mental health community services	ICD-9	All types of dementia	8	No
Masika, 2019	Tanzania <i>Dodoma</i>	2018	17	60- 64	Cross- sectional 1- phase study	Diagnosis by psychiatrist including clinical interview, cognitive tests, clinical history, neurological examinations	DSM-IV	All types of dementia	7	No
Mathuranath, 2010	India <i>Kerala</i>	2004	794	55- 64	Cross- sectional 2- phase study	Phase 1: cognitive screening battery including MMSE, ACE and tests for different cognitive domains Phase 2: evaluation including medical history, examination, mental examination, neuropsychologic al examination	DSM-IV	All types of dementia	9	Yes

Mayeda, 2013	United States of America Sacramento, California	1998- 2007	437	60- 64	Prospective cohort study	Phase 1: screening with MMSE and SEVLT Phase 2: neuropsychologic al test battery, standard neuropsychologic al examination	DSM-IV	All types of dementia	9	Yes
Molero, 2007	Venezuela <i>Maracaibo</i>	1998- 2001	1074	55- 64	Cross- sectional 2- phase study	Phase 1: interview including SPM- SQ Phase 2: evaluation including clinical and laboratory examinations, proxy interview, MRI	DSM-IV	All types of dementia	7	Yes
Momtaz, 2014	Malaysia	2003- 2006		60- 64	Cross- sectional 1- phase study	Diagnosis using the GMS- AGECAT	DSM-III	All types of dementia	8	No
Neita, 2013	Jamaica Kingston	2010	40	60- 64	Cross- sectional 2- phase study	Phase 1: screening with MMSE Phase 2: diagnostic evaluation	DSM-IV	All types of dementia	9	Yes
Newens, 1993	United Kingdom Northern Health Regions	1985- 1986	655800	45- 64	Retrospectiv e register study	Registry data from hospitals	ICD- 9/DSM-III	Alzheimer's disease	10	Yes
Ng, 2010	Singapore	2003- 2004	336	60- 64	Cross- sectional 1- phase study	Interview using the GMSS	DSM-IV	All types of dementia	9	Yes

Nielsen, 2010	Denmark	1980- 2008	62,603	20- 64	Retrospectiv e register study	Data form the National Patient Register and Psychiatric Central Research Register	ICD 8 + 10	All types of dementia	7	No
Nordström, 2013	Sweden		488,484	18- 64	Retrospectiv e register study	Information was obtained from the Swedish National Hospital Discharge Patient Register	ICD 8 - 10	All types of dementia	7	Yes
Nunes, 2010	Portugal	2003	486	55- 64	Cross- sectional 2- phase study	Phase 1: screening interview with screening tests and neuropsychologic al evaluation Phase 2: clinical examination with CT and laboratory and medical record review	DSM-IV	All types of dementia	10	Yes
Nyberg, 2014	Sweden	1978- 2010	1,174,483	18- 64	Retrospectiv e register study	Data from the Swedish National Hospital Discharge Register	ICD 9 + 10	All types of dementia	7	Yes
Ott, 1995	The Netherlands Rotterdam	1990- 1993	2613	55- 64	Cross- sectional 3- phase study	Phase 1: brief cognitive tests, including MMSE, GMS-A Phase 2: CAMDEX diagnostic interview	DSM-III NINCDS- ADRDA	All types of dementia	10	Yes

						Phase 3: examination by neurologist, MRI, neuropsychologic al tests				
Palmer, 2014	Bangladesh	2003- 2004		60- 64	Cross- sectional 3- phase study	Phase 1: screening with MMSE Phase 2: diagnosis by physician with medical examination, and mental status examination Phase 3: review by second physician	DSM-IV	All types of dementia	6	No
Parlevliet, 2016	The Netherlands	2010- 2013	1231	55- 64	Cross- sectional 1- phase study	Research appointment with CCD screening, which consists of three tests for visual memory, mental speed and selective and divided attention		All types of dementia	6	No
Perkins, 1997	United Stated of America Houston	1991		60- 64	Cross- sectional 2- phase study	Phase 1: interview with MMSE Phase 2: clinical evaluation with medical history, neurological examination, physical examination, laboratory,	NINCDS- ADRDA	All types of dementia	6	No

						neuropsychologic tests				
Petersen, 2019	Faroe Islands	2010- 2017	49,810	0-64	Retrospectiv e register study	Database from the Dementia Clinic was used	ICD-10	All types of dementia	9	Yes
Phantumchind a, 1991	Thailand <i>Bangkok</i>	1989	205	60- 64	Cross- sectional 3- phase study	Phase 1: screening with MMSE Phase 2: probably diagnosis by physician Phase 3: definite diagnosis by neurologist	DSM-III-R	All types of dementia	8	No
Phung, 2010	Denmark	2003		40- 64	Retrospectiv e register study	Data form the National Patient Register and Psychiatric Central Research Register	ICD-10	All types of dementia	9	No
Radford, 2015	Australia New South Wales	2008- 2012	172	60- 64	Cross- sectional 2- phase study	Phase 1: structured interview with MMSE Phase 2: examination with detailed medical and cognitive assessment	DSM-IV	All types of dementia	9	No
Raina, 2010	India Chattah zone		658	60- 64	Cross- sectional 2- phase study	Phase 1: screening interview with MMSE and EASI Phase 2: clinical evaluation including detailed history, physical and neurological		All types of dementia	8	No

Raina, 2014	India Himachal Pradesh		746	60- 64	Cross- sectional 2- phase study	examination and interview with informant Phase 1: interview with MMSE Phase 2: clinical		All types of dementia	7	Yes
						evaluation including detailed clinical history				
Raina, 2016	India Himachal Pradesh		149	60- 64	Cross- sectional 2- phase study	Phase 1: a cognitive screen using MMSE Phase 2: clinical evaluation by a neurologist		All types of dementia	9	Yes
Ratnavalli, 2002	United Kingdom <i>Cambridge</i>	2000	72,815	45- 64	Retrospectiv e register study	Data from the database of the specialist services	DSM-III	All types of dementia	7	Yes
Razdan, 2008	India <i>Kashmiri</i>		80	60- 64	Cross- sectional 2 phase study	Phase 1: screening with MMSE Phase 2: clinical evaluation including medical history, physical examination, mental status		All types of dementia	5	No
Rocca, 1990	Italy	1987	228	60- 64	Cross- sectional 2- phase study	Phase 1: brief cognitive test Phase 2: standard diagnostic protocol (MMSE, physical and neurologic examination)	DSM-III	All types of dementia	6	Yes

Rosso, 2003	The Netherlands	1994- 2002	7,613,143	30- 64	Retrospectiv e register study	Clinical diagnosis by specialist	Lund & Mancheste r	Frontotempor al dementia	8	Yes
Ruano, 2019	Portugal Porto	1999- 2003	225	55- 64	Prospective cohort study	Phase 1: MMSE + MoCA Phase 2: clinical evaluation with interview and examination	DSM-V	All types of dementia	8	Yes
Sahadevan, 2008	Singapore Ang Mo Kio, Bishan, Serangoon, Toa Payoh, Yishun districts	2001- 2003	9035	50- 64	Cross- sectional 2- phase study	Phase 1: interview including Abbreviated Mental Test Phase 2: assessment using semi-structured protocol	DSM-IV	All types of dementia	7	Yes
Shaji, 1996	India <i>Kerala</i>		608	60- 64	Cross- sectional 2- phase study	Phase 1: screening through MMSE Phase 2: assessment of cognitive impairment using CAMDEX section B and H Phase 3: clinical evaluation by psychiatrist	DSM-III-R	All types of dementia	9	Yes
Sharifi, 2016	Iran West Azerbaijan, North Korasan, Sistan and Baluchistan,	2012		60- 64	Cross- sectional 2- phase study	Phase 1: brief cognitive assessment tool, including 3-word recall test and functional assessment	DSM-IV	All types of dementia	8	No

	Khuzestan, Alborz			45		Phase 2: diagnosis by GP based on DSM-IV criteria	2014	All		N
Smith, 2008	Australia The Kimberley		236	45- 64	Cross- sectional 2- phase study	Phase 1: KICA, cognitive function assessment Phase 2: clinical examination including medical history review, cognitive testing, informant interview	DSM-IV	All types of dementia	9	No
Spada, 2009	Italy Sicily	2005- 2006	60	60- 64	Cross- sectional 2- phase study	Phase 1: clinical examination, personal interview, MMSE and clock drawing test Phase 2: visit by specialist, diagnostic test and laboratory tests	DSM-IV	All types of dementia	10	Yes
Subramaniam, 2015	Singapore		619	60- 64	Cross- sectional 1- phase study	1066 protocol, with GMS, CSI'D, CERAD 10 word list, neurological assessment	DSM-IV	All types of dementia	10	Yes
Urakami, 1998	Japan Daisen-cho	1980 1990	1236 1626	60- 64	Cross- sectional 2- phase study	Phase 1: screening test Phase 2: examination including neurologic evaluation, cognitive	DSM-III	All types of dementia	7	Yes

						evaluation, psychosocial assessment, laboratory tests, CT				
Vas, 2001	India <i>Bombay</i>	1991	20,555	40- 64	Cross- sectional 3- phase study	Phase 1: screening with SCAG Phase 2: MMSE Phase 3: evaluation including clinical evaluation, cognitive evaluation	DSM-IV HIS NINCDS- ADRDA	All types of dementia	9	Yes
Wada-Isoe, 2012	Japan Tottori Prefecture	2010	164,285	45- 64	Retrospectiv e survey	Questionnaire to all neurology and psychiatry departments of the hospitals in the Prefecture Tottori	Neary criteria	Frontotempor al dementia	7	Yes
Wang, 2000	China Beijing	1995	1275	60- 64	Cross- sectional 2- phase study	Phase 1: screening with MMSE Phase 2: clinical evaluation by neurologist, with medical history, neurological examination, psychological tests	DSM-III ICD-10 HIS	All types of dementia	10	Yes
Wangtongkum, 2008	Thailand Chiang Mai	2004- 2005	992	45- 64	Cross- sectional 2- phase study	Phase 1: screening with MMSE, Beck Depression Inventory	DSM-IV NINDS- AIREN	All types of dementia	7	Yes

						Phase 2: diagnosis by neurologist, laboratory assessment and CT-scan				
Winblad, 2010	Finland <i>Haapajärvi</i>		157	60- 64		Phase 1: including all registered people with dementia Phase 2: screening with MMSE, and neuropsychologic al tests, laboratory, CT	DSM-IV	All types of dementia	7	Yes
Withall, 2014	Australia Sydney	2008	129,070	30- 64	Retrospectiv e survey	Distribution of a questionnaire to health professionals	DSM-IV	All types of dementia	9	Yes
Wong, 2016	Canada	2011- 2012		45- 64	Cross- sectional study	Questionnaire for self-reported diagnosis of dementia		All types of dementia	4	No
Yue, 2016	China Ji County		1674	60- 64	Cross- sectional 2- phase study	Phase 1: interview with MMSE, CDR scale, ADL scale, if dementia was suspected also physical examination, blood test, neuroimaging Phase 2: interview by neurologist	DSM-IV	All types of dementia	10	Yes

Zhang, 2005	China Beijijng, Xian, Shanghai, Chengdu	1997	14,152	55- 64	Cross- sectional 3- phase study	Phase 1: screening with MMSE, ADL, medical history, brief physical and neurologic examination Phase 2: clinical assessment with neurologic examination, neuropsychologic al tests, (proxy) interview Phase 3: six months diagnostic confirmation	NINCDS- ADRDA NINDS- AIREN	Alzheimer's disease Vascular dementia	8	Yes
Zhou, 2006	China <i>Linxian</i>	1999- 2000	9294	40- 64	Cross- sectional 2- phase study	Phase 1: collection of general medical history, MMSE, brief neurologic examination Phase 2: neuropsychologic al battery	DSM-IV	Alzheimer's disease	8	Yes
Ziegler, 2009	Germany	2002		60- 64	Retrospectiv e register data	Data from the German Sick Funds	ICD-10	All types of dementia	8	Yes

eTable 3. Results Data Analyses of Subgroups

All type dementia

		World Bank Cla	ssification			Study methodolog	Jy	Gender	
Age ranges	All type dementia	High-income countries	Upper-middle- income countries	Lower-middle- income countries	Low-income countries	Cohort studies	Register-based studies	Male	Female
All	439.7/100,000 (299.6-645.0) 58 articles	338.9/100,000 (206.0-557.0) 33 articles	1529.9/100,000 (939.9-2481.0) 12 articles	320.6/100,000 (153.8-666.8) 13 articles	No data ¹	663.6/100,000 (449.1-979.4) <i>46 articles</i>	121.8/100,000 (70.1-211.4) 12 articles	216.5/100,000 (143.8-325.6) 37 articles	293.1/100,000 (186.7-459.9) 33 articles
All except 60-64	195.0/100,000 (126.4-300.8) 31 articles	131.6/100,000 (87.0-198.9) 19 articles	1417.6/100,000 (672.7-2962.6) 4 articles	207.8/100,000 (102.2-422.1) 8 articles	No data	306.7/100,000 (175.1-536.7) 20 articles	98.3/100,000 (65.4-147.7) 11 articles	168.6/100,000 (110.8-256.5) 24 articles	197.7/100,000 (118.7-329.2) 21 articles
30-34	5.9/100,000 (3.3-10.6) 4 articles	5.9/100,000 (3.3-10.6) 4 articles	No data	No data	No data	No data	5.9/100,000 (3.3-10.6) 4 articles	Insufficient data ²	Insufficient data
35-39	5.9/100,000 (3.6-9.4) 5 articles	5.9/100,000 (3.6-9.4) 5 articles	No data	No data	No data	No data	5.9/100,000 (3.6-9.4) 5 articles	Insufficient data	Insufficient data
40-44	23.9/100,000 (12.9-44.5) 6 articles	23.9/100,000 (12.9-44.5) 6 articles	No data	No data	No data	No data	23.9/100,000 (12.9-44.5) 6 articles	Insufficient data	Insufficient data
45-49	43.0/100,000 (25.9-71.2) 6 articles	43.0/100,000 (25.9-71.2) 6 articles	No data	No data	No data	No data	43.0/100,000 (25.9-71.2) 6 articles	Insufficient data	Insufficient data
50-54	76.7/100,000 (56.6-104.1) 11 articles	81.3/100,000 (59.4-111.1) 9 articles	No data	45.2/100,000 (17.0-120.5) 2 articles	No data	59.9/100,000 (28.6-125.6) 4 articles	80.2/100,000 (57.8-111.3) 7 articles	67.2/100,000 (45.4-99.4) 7 articles	81.2/100,000 (54.5-121.1) 8 articles
55-59	173.5/100,000 (105.6-284.8) 15 articles	148.5/100,000 (117.5-187.6) 13 articles	Insufficient data	40.6/100,000 (5.7-287.3) 2 articles	No data	200.7/100,000 (70.6-569.7) 9 articles	145.0/100,000 (112.5-186.8) 7 articles	168.7/100,000 (130.7-217.7) 11 articles	211.5/100,000 (100.1-446.4) 12 articles
60-64	838.6/100,000 (601.4-1168.4) 45 articles	663.9/100,000 (441.8-996.4) 27 articles	1873.6/100,000 (1037.4- 3360.8) 9 articles	764.2/100,000 (366.4-1586.8) 9 articles	No data	1135.5/100,000 (814.0-1581.4) 37 articles	302.1/100,000 (187.2-487.0) 8 articles	459.4/100,000 (312.1-675.8) 23 articles	565.0/100,000 (340.3-936.5) 23 articles
35-44	10.1/100,000 (7.8-13.1) 5 articles	10.1/100,000 (7.8-13.1) 5 articles	No data	No data	No data	No data	10.1/100,000 (7.8-13.1) 5 articles	Insufficient data	Insufficient data
45-54	81.3/100,000 (56.8-116.3) 9 articles	75.9/100,000 (54.1-106.4) 8 articles	Insufficient data	No data	No data	131.0/100,000 (28.9-590.9) 2 articles	79.3/100,000 (54.6-115.0) 7 articles	82.1/100,000 (53.2-126.7) 4 articles	88.4/100,000 (56.8-137.7) 5 articles
55-64	394.7/100,000 (260.5-597.7)	276.4/100,000 (204.4-373.7)	2230.0/100,000	318.2/100,000 (129.0-783.0)	No data	582.2/100,000 (324.8-1014.4)	238.8/100,000 (165.9-343.6)	397.7/100,000 (263.0-601.1)	426.1/100,000 (243.0-746.1)

	22 articles	15 articles	(1415.2- 3497.3) 3 articles	4 articles		13 articles	9 articles	18 articles	19 articles
40-49	32.3/100,000 (18.8-55.5) 5 articles	32.3/100,000 (18.8-55.5) 5 articles	No data	No data	No data	No data	32.3/100,000 (18.8-55.5) 5 articles	Insufficient data	Insufficient data
50-59	114.9/100,000 (92.4-142.9) 14 articles	115.2/100,000 (91.6-144.9) 9 articles	No data	112.4/100,000 (62.2-203.2) 5 articles	No data	111.9/100,000 (69.2-181.0) 7 articles	115.7/100,000 (90.6-147.6) 7 articles	114.3/100,000 (92.7-140.8) 10 articles	119.7/100,000 (91.6-156.3) 11 articles
40-64	149.2/100,0000 (66.4-335.2) 4 articles	172.7/100,000 (162.7-183.4) 3 articles	No data	Insufficient data	No data	149.5/100,000 (44.5-501.1) 3 articles	Insufficient data	123.8/100,000 (33.5-456.7) 4 articles	146.5/100,000 (65.7-326.4) 3 articles
45-64	159.3/100,000 (100.6-252.3) 11 articles	135.3/100,000 (95.9-190.8) 10 articles	Insufficient data	No data	No data	226.6/100,000 (23.3-2165.0) 2 articles	149.9/100,000 (109.7-204.7) 9 articles	168.3/100,000 (118.0-240.1) 6 articles	133.3/100,000 (79.9-222.4) 6 articles
50-64	154.8/100,000 (112.6-212.9) 9 articles	145.2/100,000 (104.5-201.8) 5 articles	Insufficient data	181.3/100,000 (92.9-353.5) 3 articles	No data	165.5/100,000 (85.8-318.8) 5 articles	146.9/100,000 (105.5-204.5) 4 articles	188.3/100,000 (126.2-280.7) 3 articles	255.3/100,000 (126.0-516.8) 3 articles

¹ there were no studies ² there was only one study

Alzheimer's disease

		World Bank Cla	ssification			Study methodology	/	Gender	
Age ranges	Alzheimer's disease	High-income countries	Upper-middle- income countries	Lower-middle- income countries	Low-income countries	Cohort studies	Register- based studies	Male	Female
All	117.4/100,000 (52.3-263.1) 20 articles	40.9/100,000 (15.2-110.2) 11 articles	516.7/100,000 (269.1-989.9) 6 articles	346.1/100,000 (88.9-1338.1) 3 articles	No data	505.3/100,000 (249.3-1021.7) 11 articles	21.7/100,000 (15.3-30.7) 9 articles	123.8/100,000 (28.1-544.6) 9 articles	109.9/100,000 (34.5-350.2) 8 articles
All except 60-64	60.6/100,000 (28.2-129.8) 14 articles	23.5/100,000 (15.4-36.0) 9 articles	336.1/100,000 (205.4-549.6) 3 articles	246.3/100,000 (40.0-1501.8) 2 articles	No data	276.7/100,000 (136.7-559.5) 6 articles	21.1/100,000 (14.5-30.6) 8 articles	Not applicable	Not applicable
30-34	Not applicable	Not applicable	No data	No data	No data	No data	Not applicable	No data	No data
35-39	0.5/100,000 (0.1-3.2) 2 articles	0.5/100,000 (0.1-3.2) 2 articles	No data	No data	No data	No data	0.5/100,000 (0.1-3.2) 2 articles	No data	No data
40-44	0.4/100,000 (0.01-6.4) 3 articles	0.4/100,000 (0.01-6.4) 3 articles	No data	No data	No data	No data	0.4/100,000 (0.01-6.4) 3 articles	No data	No data
45-49	0.6/100,000 (0.01-2.8) 4 articles	0.6/100,000 (0.01-2.8) 4 articles	No data	No data	No data	No data	0.6/100,000 (0.01-2.8) 4 articles	Insufficient data	Insufficient data
50-54	11.5/100,000 (8.8-15.1) 6 articles	11.4/100,000 (8.7-15.0) 5 articles	No data	Insufficient data	No data	Insufficient data	11.4/100,000 (8.7-15.0) 5 articles	2 articles	2 articles
55-59	62.6/100,000 (33.7-116.3) 10 articles	35.4/100,000 (27.1-46.4) 7 articles	Insufficient data	162.2/100,000 (76.4-344.1) 2 articles	No data	227.9/100,000 (118.7-437.2) 3 articles	35.4/100,000 (27.1-46.4) 7 articles	51.6/100,000 (17.9-149.2) 3 articles	121.7/100,000 (49.1-301.1) 5 articles
60-64	273.4/100,000 (123.2-605.8) 14 articles	135.0/100,000 (47.8-380.6) 8 articles	1007.7/100,000 (528.5-1913.4) 3 articles	513.0/100,000 (141.3-1843.9) 3 articles	No data	947.3/100,000 (422.0-2112.8) 7 articles	85.3/100,000 (57.2-127.3) 7 articles	182.5/100,000 (77.5-429.6) 5 articles	293.1/100,000 (69.7-1223.3) 7 articles
40-64	Insufficient data	Insufficient data	No data	No data	No data	No data	Insufficient data	Insufficient data	Insufficient data
45-64	28.8/100,000 (20.9-39.7) 7 articles	28.8/100,000 (20.9-39.7) 7 articles	No data	No data	No data	No data	28.8/100,000 (20.9-39.7) 7 articles	26.9/100,000 (19.5-37.1) 3 articles	30.3/100,000 (22.1-41.4) 3 articles
50-64	Insufficient data	No data	No data	Insufficient data	No data	Insufficient data	No data	Insufficient data	Insufficient data

55-64	354.6/100,000	Insufficient	229.9/100,000	Insufficient data	No data	354.6/100,000	No data	188.2/100,000	283.3/100,000
	(171.1-733.3)	data	(165.1-320.0)			(171.1-733.3)		(67.4-524.3)	(193.0-415.7)
	4 articles		2 articles			4 articles		3 articles	3 articles

Vascular dementia

		World Bank Classi	fication	Study methodology			
Age ranges	Vascular dementia	High-income countries	Upper-middle-income countries	Lower-middle-income countries	Low-income countries	Cohort studies	Register-based studies
All	48.7/100,000 (17.4-136.0) 13 articles	12.3/100,000 (5.5-27.5) 7 articles	483.4/100,000 (260.6- 895.1) 4 articles	204.8/100,000 (97.7-428.9) 2 articles	No data	260.7/100,000 (123.3-550.3) 7 articles	9.1/100,000 (5.8-14.3) 6 articles
All except 60-64	29.7/100,000 (10.7-82.4) 9 articles	13.7/100,000 (5.7-33.0) 6 articles	400.6/100,000 (311.8-514.6) 2 articles	Insufficient data	No data	162.6/100,000 (68.3-386.6) 4 articles	9.4/100,000 (6.0-14.9) 5 articles
30-34	1.2/100,000 (0.4-3.8) 2 articles	1.2/100,000 (0.4-3.8) 2 articles	No data	No data	No data	No data	1.2/100,000 (0.4-3.8) 2 articles
35-39	3.2/100,000 (1.6-6.4) 3 articles	3.2/100,000 (1.6-6.4) 3 articles	No data	No data	No data	No data	3.2/100,000 (1.6-6.4) 3 articles
40-44	4.9/100,000 (1.4-16.4) 4 articles	4.9/100,000 (1.4-16.4) 4 articles	No data	No data	No data	No data	4.9/100,000 (1.4-16.4) 4 articles
45-49	2.9/100,000 (0.4-20.2) 4 articles	2.9/100,000 (0.4-20.2) 4 articles	No data	No data	No data	No data	2.9/100,000 (0.4-20.2) 4 articles
50-54	8.6/100,000 (3.0-24.0) 5 articles	9.5/100,000 (3.5-25.5) 4 articles	No data	Insufficient data	No data	Insufficient data	9.5/100,000 (3.5-25.5) 4 articles
55-59	25.8/100,000 (14.4-46.3) 5 articles	25.7/100,000 (13.8-47.8) 4 articles	No data	Insufficient data	No data	Insufficient data	25.7/100,000 (13.8-47.8) 4 articles
60-64	97.7/100,000 (35.6-268.0) 7 articles	42.2/100,000 (23.2-76.8) 4 articles	Insufficient data	204.8/100,000 (97.7-428.9) 2 articles	No data	411.4/100,000 (148.2-1137.3) 3 articles	42.2/100,000 (23.2- 76.8) 4 articles
45-64	15.3/100,000 (8.7-26.9) 5 articles	15.3/100,000 (8.7-26.9) 5 articles	No data	No data	No data	No data	15.3/100,000 (8.7-26.9) 5 articles

55-64	322.5/100,000	Insufficient data	400.6/100,000 (311.8-	No data	No data	322.5/100,000	No data
	(166.1-625.3)		514.6)			(166.1-625.3)	
	3 articles		2 articles			3 articles	

Frontotemporal dementia

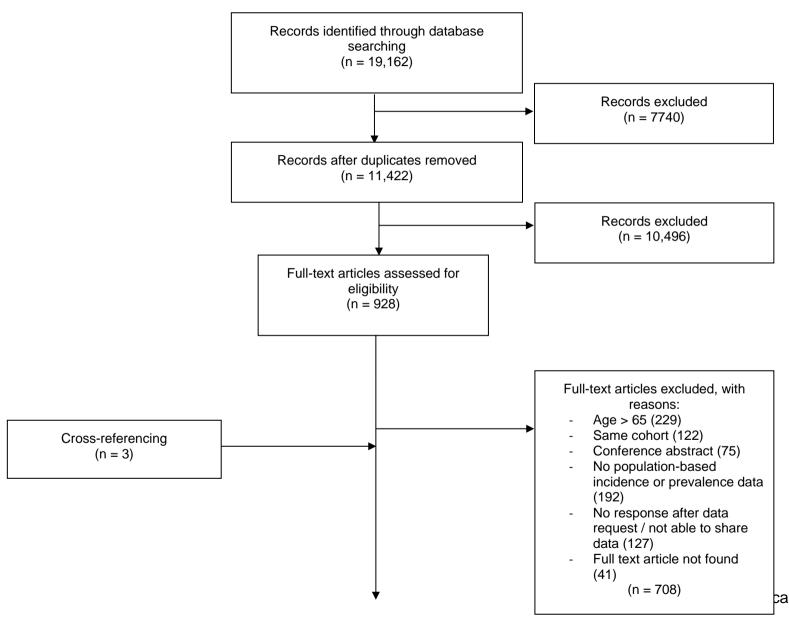
		World Bank Classif	Study methodology				
Age ranges	Frontotemporal dementia	High-income countries	Upper-middle-income countries	Lower-middle-income countries	Low-income countries	Cohort studies	Register-based studies
All	6.8/100,000 (3.4-13.6) 12 articles	6.8/100,000 (3.4-13.6) 12 articles	No data	No data	No data	No data	6.8/100,000 (3.4-13.6) 12 articles
30-34	0.1/100,000 (0.0-0.5) 3 articles	0.1/100,000 (0.0-0.5) 3 articles	No data	No data	No data	No data	0.1/100,000 (0.0-0.5) 3 articles
35-39	0.1/100,000 (0.0-0.5) 3 articles	0.1/100,000 (0.0-0.5) 3 articles	No data	No data	No data	No data	0.1/100,000 (0.0-0.5) 3 articles
40-44	0.3/100,000 (0.1-0.8) 4 articles	0.3/100,000 (0.1-0.8) 4 articles	No data	No data	No data	No data	0.3/100,000 (0.1-0.8) <i>4 articles</i>
45-49	2.0/100,000 (0.6-7.4) 4 articles	2.0/100,000 (0.6-7.4) 4 articles	No data	No data	No data	No data	2.0/100,000 (0.6-7.4) 4 articles
50-54	1.8/100,000 (1.2-2.7) 5 articles	1.8/100,000 (1.2-2.7) 5 articles	No data	No data	No data	No data	1.8/100,000 (1.2-2.7) 5 articles
55-59	9.1/100,000 (3.2-25.7) 5 articles	9.1/100,000 (3.2-25.7) 5 articles	No data	No data	No data	No data	9.1/100,000 (3.2-25.7) 5 articles
60-64	7.4/100,000 (3.6-15.2) 5 articles	7.4/100,000 (3.6-15.2) 5 articles	No data	No data	No data	No data	7.4/100,000 (3.6-15.2) 5 articles
30-64	2.6/100,000 (1.1-6.3) 4 articles	2.6/100,000 (1.1-6.3) 4 articles	No data	No data	No data	No data	2.6/100,000 (1.1-6.3) 4 articles
45-64	11.7/100,000 (6.7-20.5) 9 articles	11.7/100,000 (6.7-20.5) 9 articles	No data	No data	No data	No data	11.7/100,000 (6.7-20.5) 9 articles



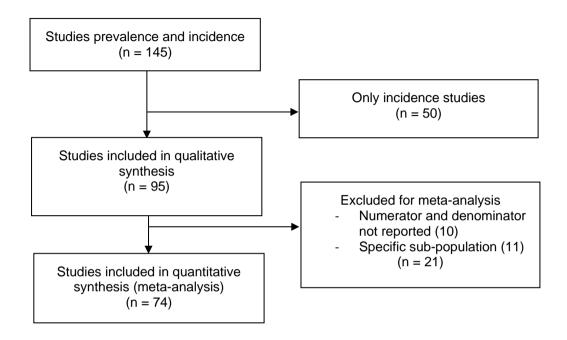
eTable 4. Prevalence of Dementia With Lewy Bodies/Parkinson Disease Dementia in the 4 Eligible Studies

Article	Prevalence dementia with Lewy Body	Prevalence Parkinson disease	Prevalence mixed
		dementia	
Yue et al.	60-64 overall: 180/100,000		
Ratnavalli et al.		45-64 overall: 6.9/100,000	
		45-64 male: 10.9/100,000	
		45-64 female: 2.8/100,000	
Ikejima et al.			50-54 overall: 1.5/100,000
			55-59 overall: 5.5/100,000
			60-64 overall: 12.3/100,000
			45-64 overall: 2.3/100,000
			20-64 overall: 4.8/100,000
Ott et al.		55-64 overall: 4/100,000	
		55-64 male: 0/100,000	
		55-64 female: 10/100,000	

eFigure 1. Flowchart of Included and Excluded Studies



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eFigure 2. Forest Plot 5-Year Age Bands for All-Type YOD

30-34

Author	Cases	Total	Events per 100000 observations	Prevalence	95% CI
Harvey	6	47273		12.69	[4.66; 27.62]
I kejima	9	218539		4.12	[1.88; 7.82]
Withall	1	26649		3.75	[0.10; 20.91]
Kvello-Alme	2	28911		6.92	[0.84; 24.99]
				5.89	[3.28; 10.55]
			5 10 15 20 25 Prevalence of Young Onset Dementia		

35-39

95% CI
[1.07; 31.90]
[1.64; 23.30]
[2.41; 9.24]
[0.71; 155.92]
[0.09; 20.19]
[3.64; 9.41]

40-44

Author	Cases	Total	Events per 100000 observations	Prevalence	95% CI
Withall	5	19575	-	25.54	[8.29; 59.60]
Harvey	6	38625		15.53	[5.70; 33.81]
Ikejima	22	181513	-	12.12	[7.60; 18.35]
Heath	108	143010	-	75.52	[61.95; 91.17]
Kvello-Alme	6	30339	-	19.78	[7.26; 43.04]
Beard	1	3030	-	33.00	[0.84; 183.74]
		•	÷	23.91	[12.86; 44.48]
			50 100 150 Prevalence of Young Onset Demen	tia	

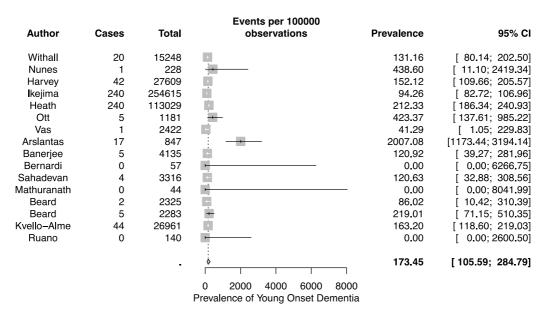
45-49

Author	Cases	Total	Events per 100000 observations	Prevalence	95% CI
Withall	12	17305	: •	69.34	[35.84; 121.10]
Harvey	11	33348	-	32.99	[16.47; 59.01]
Ikeiima	45	186253		24.16	[17.62; 32.33]
Heath	127	134880	-	94.16	[78.50; 112.02]
Beard	2	2597		77.01	[9.33; 277.91]
Kvello-Alme	7	31601	-	22.15	[8.91; 45.63]
		-		42.95	[25.90; 71.21]
			50 100 150 200 250 Prevalence of Young Onset Dementia		

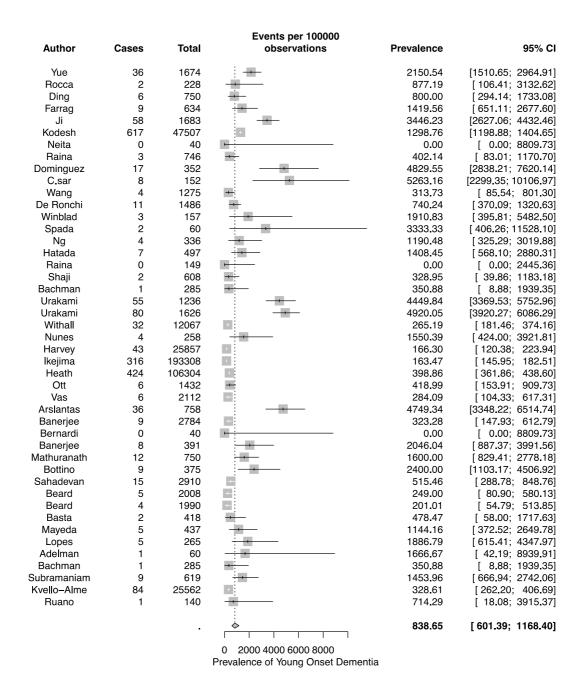
50-54

				Events per 100000		
Author	Cases	Total		observations	Prevalence	95% CI
Withall	16	15583			102.68	[58.70; 166.69]
Harvey	19	30422			62.45	[37.61; 97.51]
I kejima	109	218713	1.0		49.84	[40.92; 60.12]
Heath	162	118914			136.23	[116.07; 158.88]
Vas	3	3933	+		76.28	[15.73; 222.75]
Banerjee	1	4907	- E		20.38	[0.52; 113.49]
Bernardi	0	40	1	_	0.00	[0.00; 8809.73]
Sahadevan	3	2809	4-		106.80	[22.03; 311.79]
Beard	1	2500	+		40.00	[1.01; 222.66]
Beard	2	2439	+		82.00	[9.93; 295.90]
Kvello-Alme	27	29054			92.93	[61.25; 135.18]
		-			76.73	[56.57; 104.06]
			0	2000 4000 6000 8000		
			Preva	lence of Young Onset Dementia		

55-59



60-64



eResults. Subgroup Analyses Within Subtypes of Dementia

Subgroup analyses Alzheimer's disease

Subgroup analyses were also performed for gender, World Bank classification and study methodology (see eTable 3). Data on gender-specific estimates were only available for the age bands 55-59 and 60-64 years, and prevalence was generally similar in men and women. For World Bank classification, data from all age bands were available for high-income countries, but for upper-middle-income countries, data were only available for age bands 60-64 years, and for lower-middle-income countries for the age bands 55-59 and 60-64 years. In these age bands, prevalence was higher in upper-middle-income and lower-middle-income countries compared to high-income countries. For study methodology, data from register-based studies were available for all age bands, but cohort studies were only conducted in the age bands 55-59 and 60-64 years. In these two age bands, prevalence was higher in the cohort studies than register-based studies.

Subgroup analyses vascular dementia

Subgroup analyses were performed on the World Bank classification and study design (see eTable 3). For World Bank classification, data on all age bands was available in high-income countries, and only for the age band 60-64 data was available in lower-middle-income countries. In this age band prevalence was higher in lower-middle-income countries than high-income countries.

For study design, register-based studies were conducted in all age bands, whereas cohort studies were only conducted in the 60-64 age band. In this age band, prevalence was higher in cohort studies than register-based studies.

Subgroup analyses frontotemporal dementia

No subgroup analyses were performed since there were insufficient data to pool the prevalence of men and women separately. Additionally, all studies were conducted in high-income countries, and the methodology was similar among all studies, i.e., register-based studies.